

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1602

CERTIFICATE OF DEATH

01583
62

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE <i>MARYLAND</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>		c. LENGTH OF STAY IN 1b <i>life</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>00</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>		
d. STREET ADDRESS		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)	First <i>NORMAN</i>	Middle <i>NESLEY</i>	Last <i>BAYNARD</i>	
4. DATE OF DEATH	Month <i>FOB</i>	Day <i>29</i>	Year <i>1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APR 26, 1895</i>	
9. AGE (In years lost birthday) <i>60 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Day Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>FARMING</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Wesley Baynard</i>	14. MOTHER'S MAIDEN NAME <i>Mary Collins</i>	Address <i>wife of Wesley Baynard Denton Md</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour a. p. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Aug 4, 1957</i> to <i>Feb 29, 1957</i> , that I last saw the deceased alive on <i>Feb 12, 1957</i> , and that death occurred at <i>5:05 PM</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>E. Paul Knott</i>	ADDRESS (Street, city or town, state) <i>Denton Md.</i>			DATE SIGNED <i>2/28/57</i>
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Mar. 3, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>St. Paul's</i>	22d. LOCATION (City, town, or county) <i>near Denton Md.</i>	(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Morrison Denton</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE <i>3-1-56</i>	24b. REGISTRAR'S SIGNATURE <i>Wm. D. George</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

MAR 8 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01584

1693 CERTIFICATE OF DEATH

Items 8.9, Film G194 4-2-56 et

Reg. Dist. No. 4+

1. PLACE OF DEATH

COUNTY *Caroline*CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN *Federalsburg*

MARYLAND

LENGTH OF STAY
(in this place)
*1 month*HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Delaware** COUNTY **Sussex**CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN *Dagsboro*STREET
ADDRESS
Dagsboro

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)(First) *I. Lemuel Brumbley* (Middle) (Last)4. DATE (Month) (Day) (Year)
OF DEATH *2/13/56*

19

5. SEX **Male**6. COLOR OR
RACE **White**7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
Widowed8. DATE OF BIRTH
*Oct. 10, 1871 ?*9. AGE last birthday
85 ? yrs.IF UNDER 1 YEAR
Months **4** Days **3** Hours **0** Min. **0**10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
*Dele State Highway*10b. KIND OF BUSINESS
OR INDUSTRY
Foreman

11. BIRTHPLACE (State or foreign country)

*Delaware*12. CITIZEN OF WHAT
COUNTRY?
U.S.

13. FATHER'S NAME

Joseph Brumbley

14. MOTHER'S MAIDEN NAME

*Henrietta Evans*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) **Yes** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Raymond Brumbley - Dagsboro, Del

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

IMMEDIATE CAUSE

(A)

Cachexia & vascular Renal Disease

4-25-53

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)

5-2-13-56

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, term, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from *4-25*, 1953, to *2-13*, 1956, that I last saw the deceased
alive on *2-12*, 1956, and that death occurred at *2:45 P.M.* from the causes and on the date stated above.SIGNATURE
J. B. Wood

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Burial

DATE THEREOF

2/16/56

NAME OF CEMETERY OR CREMATORIUM

Redmens Cemetery

LOCATION (City, town, or county)

(State)

Dagsboro, Del.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Margaret H. Frampton

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE *Feb. 16, 1956**Sharon Williams - Federalsburg, Md.*

BY BUREAU OF INVESTIGATION OF THE STATE OF IOWA

DEPARTMENT OF STATE

RECEIVED

BUREAU U. S.

FEB 21 1956

RECEIVED

01585

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No 100

SE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH: COUNTY Caroline MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline									
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Henderson			LENGTH OF STAY (in this place) 15 Yrs.			CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Henderson						
HOSPITAL OR INSTITUTION OR STREET ADDRESS			None			STREET ADDRESS (If rural, give location) None						
3. NAME OF DECEASED: (Type or Print)			(First) James	(Middle) Edward	(Last) Cohee	4. DATE OF DEATH			(Month) 2	(Day) 15	(Year) 56 19	
5. SEX: Male		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. [Specify]	8. DATE OF BIRTH: 8/7/1872	9. AGE last birthday: 83 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Milk Mill		10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland			12. CITIZEN OF U.S.A. COUNTRY? U.S.A.
13. FATHER'S NAME: Nicholas Cohee			14. MOTHER'S MAIDEN NAME: Hattie ?									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No			16. SOCIAL SECURITY NO.: 184-10-6478			17. INFORMANT & ADDRESS: Ora George Henderson, Maryland						
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 431X Immediate cause (a)..... DUE TO..... Antecedent cause(s) Diseases or conditions, if any, (b)..... giving rise to the above cause DUE TO stating underlying cause last (c).....									INTERVAL BETWEEN ONSET AND DEATH Sudden			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH..... History of Heart disease, died 4/1												
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:							20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY			21c. (City or town) (County)			(State)				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <i>Danson D. George</i>												
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2/18/56		NAME OF CEMETERY OR CREMATORIAL Holly Wood			LOCATION (City, town, or county) Harrington, Del.			(State)		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Alida Smith</i>			24. FUNERAL DIRECTOR <i>J. E. Boulaire & Greensboro, Md.</i>			ADDRESS				

BUREAU V. B.

FEB 20 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 64

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Federalsburg - RuralLENGTH OF STAY
(in this place)
LifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Houston Branch Road

3. NAME OF
DECEASED:
(Type or Print)

(First) Sylvester

(Middle) Lee

(Last) Cornish

5. SEX:

Male

6. COLOR OR
RACE:

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Single

8. DATE OF BIRTH:

May 16, 1912

4. DATE
OF
DEATH:

February 18 1956

9. AGE last birthday:

43

yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Day Laborer10b. KIND OF BUSINESS OR
INDUSTRY: Junk Dealer11. BIRTHPLACE (State or foreign country):
Caroline County, Maryland12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

John Cornish

14. MOTHER'S MAIDEN NAME:

Annie Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

Yes

16. SOCIAL SECURITY NO.: 214-32-6257

17. INFORMANT & ADDRESS:

Mrs. Charles Magee, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9160
Immediate cause

(a) DUE TO

Suffocation

INTERVAL BETWEEN
ONSET AND DEATH

blue minute

Antecedent cause(s)

Diseases or conditions, if any, (b) giving rise to the above cause DUE TO
stating underlying cause last (c)

Burned - entire body

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY

21c. (City or town) (County)

(State)

Home Federalsburg Caroline Md

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 2-18-56 1A.M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

Struck in barn building

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

James D. George

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
2/19/5623. BURIAL, CREMATION,
REMOVAL (Specify):
Burial

DATE THEREOF Feb. 24, 1956

NAME OF CEMETERY OR CREMATORIAL Federal Hill Cemetery

LOCATION (City, town, or county) (State)
Federalsburg, Maryland

DATE REC'D BY LOCAL REG.

REG. ADDRESS

February 23, 1956

REG. ADDRESS

REG. ADDRESS

REG. ADDRESS

REG. ADDRESS

REG. ADDRESS

RECEIVED
BUREAU V. S.

FEB 28 1956

1696 CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Denton

12 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Camp Ground Road

3. NAME OF
DECEASED:
(Type or Print)(First)
John(Middle)
Calvert(Last)
Fisher

5. SEX:

Male

White

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

Surveyor

10B. KIND OF BUSINESS
OR INDUSTRY:

County Surveyor

13. FATHER'S NAME:

Simon Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

218-12-1819

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

7-5 minutes

ANTECEDENT CAUSE (S)

(B)
DUE TO

artery occlusion and A.V. Block

3 years.

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1956, to Feb 11, 1956, that I last saw the deceased
alive on Jan 30, 1956, and that death occurred at 5:30 P.M., from the causes and on the date stated above.
SIGNATURE *E. Paul Knotts* ADDRESS *Denton Md* DATE SIGNED *Feb. 13-1956*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

Feb. 14, 1956

NAME OF CEMETERY OR CREMATORIUM

Washington Cemetery

LOCATION (City, town, or county)

Near Hurlock, Maryland

(State)

DATE REC'D BY LOCAL
REGISTRAR

1/13/56

REGISTRAR'S SIGNATURE

J. J. Frampton and Son, Federalsburg, Md.

24. FUNERAL DIRECTOR

ADDRESS

BUREAU V.

RECEIVED
FEB 17 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01588

1607 CERTIFICATE OF DEATH
Item 8, FilmG192 2-21-56 et

Reg. Dist. No. 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY (If rural give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	50 yrs	STREET ADDRESS	Denton		
3. NAME OF DECEASED: (Type or Print)	(First) Stella	(Middle) Deborah	(Last) Johnson		
4. DATE OF DEATH:	(Month) Oct	(Day) 13	(Year) 1956		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: 1870 9. AGE last birthday: 85 yrs.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Delaware	12. CITIZEN OF WHAT COUNTRY?: USA		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Mary A Harrington				
Robert Short	Ben Johnson, Denton, Md				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	Interval Between Onset And Death		
(If Yes, give war or dates of service)			3 yrs		
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 163X Immediate cause (a) DUE TO <i>Causes of lungs</i>					
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) 1956	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-2-1956 to Feb. 13, 1956 that I last saw the deceased alive on 2-13-1956 and that death occurred at 4:30 P.M. from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Johnson George M. W.</i> <i>Denton Md</i> <i>2/15/56</i>					
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF <i>2/18/56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Denton</i>	LOCATION (City, town, or county) <i>Denton Ind</i>	(State) <i>Ind</i>
DATE REC'D BY LOCAL REGISTRAR <i>2/16/56</i>		REGISTRAR'S SIGNATURE <i>George J. V. M. W. Johnson Denton</i>	24. FUNERAL DIRECTOR <i>George J. V. M. W. Johnson Denton</i>		ADDRESS

BUREAU V. S.

FEB 17 1956

RECEIVED

1698

01589

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH: COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Caroline</i> COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Rural Denton</i>		LENGTH OF STAY (In this place) <i>Two</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED: (Type or Print) <i>WILLIAM THOMAS LAYTON JR.</i>		4. DATE OF DEATH <i>Feb. 24, 1956</i>	
5. SEX: <i>Male</i>		6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>
8. DATE OF BIRTH: <i>Apr. 24 1919</i>		9. AGE last birthday: <i>36 3/17</i> IF UNDER 1 YEAR Months <i>3</i> Days <i>17</i> Hours <i>00</i> Min. <i>00</i> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Building</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Construction</i>	
11. BIRTHPLACE (State or foreign country): <i>Caroline</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME: <i>John Thomas Layton Sr.</i>		14. MOTHER'S MAIDEN NAME: <i>Gillie May Jenkins</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i>		16. SOCIAL SECURITY NO.: <i>II</i>	
17. INFORMANT & ADDRESS: <i>John Thomas Layton, Jr.</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) <i>Fractured Pervious Vertebra</i> DUE TO <i>External Injuries</i> INTERVAL BETWEEN ONSET AND DEATH <i>udden</i> Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Automobile accident</i>			
19a. DATE OF OPERATION: <i>Feb. 24, 1956</i>		19b. MAJOR FINDING OF OPERATION: <i>None</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <i>Highway</i>)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Feb. 24 1956 11 P.M.</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <i>Lost Control of automobile</i>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>George Dawson</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>Feb. 28 1956</i> NAME OF CEMETERY OR CREMATORIAL <i>Denton</i> LOCATION (City, town, or county) <i>Denton</i> (State) <i>MD</i>	
DATE REC'D BY LOCAL REG. <i>Feb. 25 1956</i>		REGISTRAR'S SIGNATURE <i>John D. George</i> 24. FUNERAL DIRECTOR ADDRESS <i>Virginia Mortuaries, Denton, Md.</i>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

FEB 28 1955

01590

MARYLAND STATE DEPARTMENT OF HEALTH
1609 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) William		(Month) (Day) (Year) MIDDLE Rodger Little Sept 11 1956	
5. SEX M		6. COLOR OR RACE N	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH Jan 8, 1935	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day labor		10b. KIND OF BUSINESS OR INDUSTRY Tspn	
13. FATHER'S NAME Thomas Little		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION		12. CITIZEN OF WHAT COUNTRY USA	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 981X Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		Rupture of Spinal Cord, Intracranial Hemorrhage, Gun Wound Gun shot wound Cause	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg. etc.) INJURY Street	
TIME (Month) (Day) (Year) (Hour) OF INJURY 2-12-56 41 m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR? Gun shot wound - Homicide	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> .		DATE SIGNED 27/15/56	
SIGNATURE George		ADDRESS Denton Md	
23. BURIAL, CREMATION REMOVALS (Specify) Burial		DATE THEREOF Oct 16, 1956	
NAME OF CEMETERY OR CREMATORIAL Crasomville		LOCATION (City, town, or county) Crasomville	
DATE REC'D BY LOCAL REG. 215/56		REGISTRAR'S SIGNATURE George	
24. FUNERAL DIRECTOR		ADDRESS	
J. Englemon Denton			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 17 1956

RECEIVED

1610

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <i>Caroline</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Denton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Denton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED: (First) <i>Alexander</i> (Middle) <i>Ellsworth</i> (Last) <i>Widler</i> (Type or Print)		4. DATE OF DEATH: <i>Feb 8 1956</i>	
5. SEX: <i>M</i>		6. COLOR OR RACE: <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <i>Widowed</i>		8. DATE OF BIRTH: <i>Apr. 28, 1866</i>	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Dry goods</i>	
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY: <i>USA</i>	
13. FATHER'S NAME: <i>Edward Widler</i>		14. MOTHER'S MAIDEN NAME: <i>Mary E. Suter</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <i>160-00-0000</i>	
17. INFORMANT & ADDRESS: <i>Edward Suter, Denton, Md.</i>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>450.0</i>		Interval Between Onset And Death <i>10 days</i>	
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(a) <i>Mysandritis acute</i> DUE TO (b) <i>Artemis foliosus Generalized</i> DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10. Major Findings of Operation	
19a. DATE OF OPERATION: <i>19b. MAJOR FINDINGS OF OPERATION</i>		20. AUTOPSY ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF INJURY <i>Office bldg., etc.</i>) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>m.</i>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from <i>Jan. 25, 1956</i> , to <i>Feb. 8, 1956</i> that I last saw the deceased alive on <i>Feb. 7, 1956</i> , and that death occurred at <i>8 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>(Degree or title)</i> ADDRESS <i>DATE SIGNED</i> <i>2-9-56</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Feb. 11, 1956</i> NAME OF CEMETERY OR CREMATORIAL <i>London Park</i> LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>4/9/56</i>		REGISTRAR'S SIGNATURE <i>Wm D. George</i> 24. FUNERAL DIRECTOR ADDRESS <i>George Mooreson, Denton, Md.</i>	

BUREAU V. S.

FEB 14 1950

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Rural Goldsboro LENGTH OF STAY
 (in this place)
 70 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR TOWN Rural Goldsboro
 STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)

(Type or Print) Guy Garfield Patterson Sr.

4. DATE OF DEATH 2 4 56 (Month) (Day) (Year)

5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: 10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

Male Col. (Specify) 1 (Specify) 3/7/1885 70 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

10. Farmer None Maryland U. S.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

Guss Patterson

Martha Perice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:

10 217-30-8608 Guy Patterson Jr. Greensboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN
ONSET AND DEATHImmediate cause (a)
DUE TOAntecedent cause(s)
Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home 21c. City or town) (County) (State) Rural Goldsboro Caroline Md.21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY? -4-56 8 A.M. While at work Not while work at work 21f. HOW DID INJURY OCCUR? Shot gun wound - self inflicted22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .SIGNATURE *Lanson D. George* CHIEF MEDICAL EXAMINER DATE SIGNED
DEPUTY MEDICAL EXAMINER *2-4-56*
M. D. ASSISTANT MEDICAL EXAM.

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) REMOVAL (Specify): 2/7/56 Union Goldsboro, Md.

DATE REC'D BY LOCAL REG. 2/6/56 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS *Clark Smith* *J. E. Boulaire Greensboro, Md.*

BUREAU V. S.

FEB 8 1968

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1612 CERTIFICATE OF DEATH

01593

Reg. Dist. No. 44

1. PLACE OF DEATH

COUNTY **Caroline**CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN **Federalsburg (rural)** LENGTH OF STAY
(in this place)
75 yrsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS
none

MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Md.**COUNTY **Caroline**CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN**rural Federalsburg**STREET
ADDRESS
none

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)**Mary G. Pepper**

(Middle)

(Last)

4. DATE
OF
DEATH**2/10/1956**

19

5. SEX
fem.6. COLOR OR
RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)
Married10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **housewife**10b. KIND OF BUSINESS
OR INDUSTRY
nene8. DATE OF BIRTH
Oct. 12, 18809. AGE last birthday
75 yrs.

IF UNDER 1 YEAR

Months
Deys
Hours
Min.12. CITIZEN OF WHAT
COUNTRY?
U.S.A.13. FATHER'S NAME
Joseph F. Smith14. MOTHER'S MAIDEN NAME
Susan Downing15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)(If Yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
nene17. INFORMANT & ADDRESS
C. A. Pepper Federalsburg, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE
(A)ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)

DISEASE OR CONDITION CAUSING DEATH.

Coronary Thrombosis
Arteriosclerosis.INTERVAL BETWEEN
ONSET AND DEATH**3-5-0 1/2****9:45 A.M.**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

M. While at work Not while at work 21e. INJURY OCCURRED
21f. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from **2/10/1956** to **2/10/1956**, that I last saw the deceased
alive on **2-10-1956**, and that death occurred at **7:50 A.M.** from the causes and on the date stated above.SIGNATURE
*O. C. Pearson*ADDRESS (Street, city, town, state)
Federalsburg, Md.DATE SIGNED
2-11-5623. BURIAL, CREMATION,
REMOVAL (SPECIFY)
burial24. REC'D BY REGISTRAR
DATE **Feb. 14, 1956**25. FUNERAL DIRECTOR'S SIGNATURE
REGISTRAR'S SIGNATURE
Margaret H. FramptonNAME OF CEMETERY OR CREMATORIAL
Concord Cemetery

LOCATION (City, town, or county)

(State)

ADDRESS
near Federalsburg, Md.

(State)

DEPARTMENT OF STATE - WASHINGTON, D. C.

RECEIPT CERTIFICATE OF AGENT

152

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155 (156)

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BUREAU U. S.

RECEIVED

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RECEIVED - 152

RECEIVED - 153

RECEIVED - 154

1613 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Preston—RuralLENGTH OF STAY
(in this place)
39 yrs.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Frazier Flats

3. NAME OF
DECEASED:
(Type or Print)(First)
Lena

(Middle)

(Last)

Van de Visser

5. SEX:
Female6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):
Married10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):
Housework10B. KIND OF BUSINESS
OR INDUSTRY:
Home

13. FATHER'S NAME:

Cornelius de Wilde

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

220-32-19058

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)
DUE TO

Acute Pulmonary Edema (Nocturnal)

INTERVAL BETWEEN
ONSET AND DEATH

3 hours

ANTECEDENT CAUSE (S)

(B)
DUE TO

Chronic Cardiac Deconditioning

2 months

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(C)
DUE TO

Atherosclerotic Heart Disease

2 yrs. 5 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

M.

21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1947, to 2/29, 1956, that I last saw the deceased

alive on 2/25, 1956, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

3/1/56

23. BURIAL, CREMATION, DATE THEREOF
REMOVAL (SPECIFY)

Burial

NAME OF CEMETERY OR CREMATORIUM

M. D.

LOCATION (City, town, or county) (State)

March 3, 1956

Junior Order

Preston (Linchester) Md.

DATE REC'D BY LOCAL REGISTRAR

3-2-56

REGISTRAR'S SIGNATURE

Cornelia W. Plummer

24. FUNERAL DIRECTOR

J. J. Frampton and Son, Federalsburg, Md.

RECEIVED
BUREAU V. S.

MAR 5 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1614 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY *Caroline*

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN *Preston, Md. B-2*LENGTH OF STAY
(in this place)*Life*HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
*00**West Rose Chapel*

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland*COUNTY *Caroline*

CITY (If outside corporate limits, write RURAL and give nearest town)

OR
TOWNSTREET
ADDRESS*Preston, Md. B-2-B19/A*

(If rural give location)

3. NAME OF
DECEASED:
(Type or Print)*male*(First) *Norris*(Middle) *Edward*(Last) *Wilmer**e*6. COLOR OR
RACE: *white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): *single*8. DATE OF BIRTH: *Feb 14, 1956*9. AGE last birthday
yrs. *9*IF UNDER 1 YEAR
Months *9*IF UNDER 24 HRS.
Hours *10*Min. *10*10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): *—*10B. KIND OF BUSINESS
OR INDUSTRY: *—*11. BIRTHPLACE (State or foreign country): *Maryland*12. CITIZEN OF WHAT
COUNTRY? *U.S.A.*13. FATHER'S NAME: *Norris Edward Wilmer*14. MOTHER'S MAIDEN NAME: *Beulah*15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) *no*16. SOCIAL SECURITY NO. *—*17. INFORMANT & ADDRESS: *Norris Edward Wilmer*

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

*771-0*IMMEDIATE CAUSE *Cardiac hemorrhage*ANTECEDENT CAUSE (S) *(A) DUE TO*DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. *(B) DUE TO**(C) DUE TO*INTERVAL BETWEEN
ONSET AND DEATH *5-6 hours*II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH. *—*19A. DATE OF OPERATION: *—*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.) *—*21C. WHERE DID INJURY OCCUR? (City or town)
(County) (State)

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY *—*21E. INJURY OCCURRED
While Not while
M. at work at work 21F. HOW DID INJURY OCCUR?
M.D. *—*ADDRESS *—*DATE SIGNED *—*ADDRESS *—*

RECEIVED
BUREAU V. S.

FEB 23 1956